# DICOM Network Questionnaire

The purpose of this questionnaire is to collect and document information needed to complete the installation

Answer all questions.

Site Name: _____

Network Contact Person: _____

Phone #: (___) _____

E-mail address: _____

## Network

1. Is there currently a network at the site? Yes __ No ___
2. Does the site currently have a method for assigning IP addresses?

   Yes _____ No_____

   If yes, describe the method.

   _____

   _____

   _____

3. Is there a subnet router or Gateway on the network? Yes_____ No _____

   If yes, what is the IP address of the router? _____ . _____ . _____ . _____

   What is the subnet mask? _____ . _____ . _____ . _____

4. Will there be devices off site or in another department that are connected through a router to the main site?

   Yes_____ No_____

   If yes, list the router IP addresses and subnet mask for each remote site.

   Router _____ . _____ . _____ . _____ Mask _____ . _____ . _____ . _____

   Router _____ . _____ . _____ . _____ Mask _____ . _____ . _____ . _____

   Router _____ . _____ . _____ . _____ Mask _____ . _____ . _____ . _____

# PACs Server or Image Review Stations

1. List the server make(s) and model(s)_____

2. Server/Image Review Contact Person _____

   Phone #: (___) _____

   E-mail address: _____

3. List the information below for all PACs and/or Image Review Stations.

| Common or Alias Name | IP Address | Port # | AE Title | Gateway Address (if applicable) |
|---|---|---|---|---|
| | _____ . _____ . _____ . _____ | | | _____ . _____ . _____ . _____ |
| | _____ . _____ . _____ . _____ | | | _____ . _____ . _____ . _____ |
| | _____ . _____ . _____ . _____ | | | _____ . _____ . _____ . _____ |
| | _____ . _____ . _____ . _____ | | | _____ . _____ . _____ . _____ |
| | _____ . _____ . _____ . _____ | | | _____ . _____ . _____ . _____ |
| | _____ . _____ . _____ . _____ | | | _____ . _____ . _____ . _____ |
| | _____ . _____ . _____ . _____ | | | _____ . _____ . _____ . _____ |
| | _____ . _____ . _____ . _____ | | | _____ . _____ . _____ . _____ |
| | _____ . _____ . _____ . _____ | | | _____ . _____ . _____ . _____ |
| | _____ . _____ . _____ . _____ | | | _____ . _____ . _____ . _____ |

4. Possible modalities: RF _ XA _____ SC _____

# Printer

1. List the printer(s) make(s) and model(s) _____
2. Printer Contact Person _____

   Phone #: (___) _____

   E-mail address: _____
3. What is the printer(s) class? Grayscale _____ Color _____
4. List the information below for all Printers:

| Common or Alias Name | IP Address | Port Number | AE Title |
|---|---|---|---|
| | _____ . _____ . _____ . _____ | | |
| | _____ . _____ . _____ . _____ | | |
| | _____ . _____ . _____ . _____ | | |
| | _____ . _____ . _____ . _____ | | |
| | _____ . _____ . _____ . _____ | | |
| | _____ . _____ . _____ . _____ | | |
| | _____ . _____ . _____ . _____ | | |
| | _____ . _____ . _____ . _____ | | |
| | _____ . _____ . _____ . _____ | | |
| | _____ . _____ . _____ . _____ | | |
| | _____ . _____ . _____ . _____ | | |
| | _____ . _____ . _____ . _____ | | |
| | _____ . _____ . _____ . _____ | | |

5. Printer setup:

   Border Density (black or white) _____

   Empty Density (black or white) _____

   Copies _____

   Print Priority (low, medium, high) _____

   Destination (magazine, processor ) _____

   Medium Type (paper, clear, blue) _____

   Film Size _____

   Preferred Format _____

# GE OEC DICOM Interface

1. IP address(s) of OEC equipment:

_____ . _____ . _____ . _____ Location or Serial #: _____

_____ . _____ . _____ . _____ Location or Serial #: _____

_____ . _____ . _____ . _____ Location or Serial #: _____

_____ . _____ . _____ . _____ Location or Serial #: _____